

STATE OF SOUTH CAROLINA)

COUNTY OF HORRY)

IN THE MATTER OF:)

Decedent Alleged Incapacitated Individual)
 Minor Other: _____)

▲ PROBATE COURT USE ONLY ▲

IN THE PROBATE COURT

CASE NUMBER -GC-26-

_____,
Petitioner(s),
vs.

SUMMONS

_____,
Respondent(s).*

*For Guardianship/Conservatorship matters, you must include the alleged incapacitated individual as a Respondent.

TO THE RESPONDENT(S) LISTED ABOVE:

YOU ARE HEREBY SUMMONED and required to Answer the Petition in this action, a copy of which is herewith served upon you, and to serve a copy of your Answer upon the Petitioner(s) listed above at the following address(es):

Please Type or Print.

(Name of Petitioner/Attorney for Petitioner)

(Street Address or Mailing Address)

(City, State, and Zip Code)

Your Answer must be served on the Petitioner at the above address within **thirty (30) days** after the service of this Summons and Petition upon you, exclusive of the day of such service; and if you fail to answer the Petition within that time, judgment by default will be rendered against you for the relief demanded in the Petition.

Signature of Petitioner(s)/Attorney for Petitioner(s)

Date: _____

STATE OF SOUTH CAROLINA)
 COUNTY OF HORRY)
)
 IN THE MATTER OF:)
 _____,)
 a ward/protected person.)
)
 _____,)
)
 vs.)
 _____,)
)
 Respondent(s).)

▲ PROBATE COURT USE ONLY ▲
 IN THE PROBATE COURT
 CASE NUMBER -GC-26-
PETITION FOR FORMAL RELIEF

- Guardianship**
- Conservatorship**
- Protective Arrangement Pursuant to §62-5-405(A)(1)**

Petitioner: _____

What is your relationship to the proceeding?
 Ward/Protected Person Guardian Conservator Interested Person

A. RELIEF REQUESTED REGARDING CONSERVATORSHIP (check all that apply):
 (Skip to SECTION B if you are seeking relief regarding a guardianship or to SECTION C if you are seeking relief regarding a protective arrangement.)

1. Termination/Discharge of the Conservator because:

2. Resignation of the Conservator because:

3. Appointment of a Successor Conservator. Proposed Successor Conservator(s):

Name: _____
 Address: _____

 Preferred Telephone: _____
 Secondary Telephone: _____
 Email: _____
 Relationship to the Protected Person: _____

4. Protected Person has regained capacity.
 a. An Examiner Report and Affidavit Regarding Capacity is attached.

5. Limitation or expansion of the powers and duties of the conservatorship.
 a. In what way(s) are you requesting that the conservatorship be limited or expanded? Explain why.

6. Distribution from the Protected Person's Estate.
 a. What is the amount and reason for the requested distribution?

 b. What reason (if any) has the Conservator given to deny the request?

- 7. Authorization of a transaction involving a conflict of interest.
 - a. Describe the transaction requested and the conflict of interest.

 - b. Why do you believe this transaction is in the best interest of the Protected Person in light of the conflict of interest?

- 8. Other relief.
 - a. Describe the relief you are requesting.

 - b. Why is the requested relief necessary?

B. RELIEF REQUESTED REGARDING GUARDIANSHIP (check all that apply):

- 1. Termination/Discharge of the Guardian because:

- 2. Resignation of the Guardian because:

- 3. Appointment of Successor Guardian. Proposed Successor Guardian(s):
 - Name: _____
 - Address: _____
 - Preferred Telephone: _____
 - Secondary Telephone: _____
 - Email: _____
 - Relationship to the Ward: _____
- 4. Protected Person has regained capacity.
 - An Examiner Report and Affidavit Regarding Capacity is attached.
- 5. Limitation or expansion of the powers and duties of the guardianship.
 - a. In what way(s) are you requesting that the guardianship be limited or expanded? Explain.

- 6. Other Relief.
 - a. Describe the relief you are requesting.

 - b. Why is the requested relief necessary?

C. RELIEF REQUESTED REGARDING A PROTECTIVE ARRANGEMENT (check all that apply):

- 1. Is there currently a fiduciary for the individual? Yes No. If yes, what type of fiduciary?
 - Conservator Special Conservator Guardian Trustee Other: _____
- Fiduciary Information:

Name: _____
 Address: _____
 Preferred Phone: _____
 Email: _____
 Relationship to minor/incapacitated individual: _____

2. What action are you asking the Court to take?

Authorization of Direction of Ratification of a provision within a protective arrangement¹ that is in the best interest of the minor or incapacitated individual. (Note: For sale of real property or an interest in real property, use Form ____GC.)

3. Why is this formal action necessary to accomplish the requested relief?

NOTE: If the space provided is not sufficient to answer the questions above, please complete your answer on a separate sheet of paper and attach.

I request that the Court grant the relief I requested herein. I understand that I must serve all interested parties with this Summons and Petition for Formal Relief. I understand that the Court may appoint a Guardian *ad Litem* (GAL) and/or attorney to represent the Ward/Protected Person. I understand that I may be responsible for the GAL and attorney's fees incurred in pursuing this action.

Executed this ____ day of ____, 20____.

Signature: _____
 Print Name: _____
 Address: _____

Preferred Telephone: _____
 Secondary Telephone: _____
 Email: _____

Relationship to the Protected Person/Ward: _____

Attorney Signature: _____
 Print Name: _____
 Firm Name: _____
 Bar Number: _____
 Address: _____

Telephone: _____
 Email: _____
 Attorney for: _____

¹ A protective arrangement includes, but is not limited to, the payment, delivery, deposit, or retention of funds or property; the sale, mortgage, lease, or other transfer of property; the entry into an annuity contract, a contract for life care, a deposit contract, or a contract for training and education; or the addition to or establishment of a suitable trust.